

PARLIAMENT OF VICTORIA

Public Accounts and Estimates Committee



**2017-18 and 2018-19
Financial and Performance Outcomes
General Questionnaire**

Monash Health

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Introduction – Financial and Performance Outcomes Questionnaire

The Committee's inquiry into the 2017-18 and 2018-19 Financial and Performance Outcomes examines:

- the Government's actual expenditure and revenue compared to the budgeted expenditure and revenue
- the actual performance outcomes against the targeted performance outcomes at a departmental/agency level.

The inquiry aims to benefit the Parliament and the community by:

- promoting the accountability, transparency and integrity of the executive and the public sector
- encouraging the effective and efficient delivery of public services and assets.

This questionnaire seeks information on the departmental/agency financials for the 2017-18 and 2018-19 financial years, what was achieved during those years and how that compares to expectations.

Timeline and format

Responses to this questionnaire are due by **5.00pm on Thursday 12 December 2019**.

Please email the completed questionnaire (in word and pdf) to paec@parliament.vic.gov.au

Please also email a signed copy.

Consistency with the budget papers

Whenever referring to an initiative/program/project that is referred to in the budget papers, please use the same name as is used in the budget papers. This ensures that the Committee can correlate the information provided by the department with the information in the budget papers.

Basis of consolidation

For departments, please use the same basis of consolidation as was used in the budget papers and in the budget portfolio outcomes statement in the department's annual report.

Guidance

Please contact the secretariat should you require guidance in relation to any questions:

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Section A: Output variances and program outcomes

Question 1 (all departments) Completed initiatives from past budgets

For all initiatives that were due to be completed in 2017-18 and 2018-19, please provide details of the outcomes expected to be achieved in the community and the outcomes actually achieved to date. Please use initiatives names as specified in *Budget Paper No.3: Service Delivery* and link the initiative to the responsible output(s) and portfolio(s).

2017-18 Response

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
Not applicable				

2018-19 Response

Initiative	Actual date of completion (month and year)	Expected outcomes	Actual outcomes	Output(s) and portfolio(s)
Not applicable				

Question 2 (all departments) Program outcomes

Outcomes reflect the impact on the community of the goods and services provided by a department. The questions in this section all relate to the outcomes that the department contributed to in 2017-18 and 2018-19.

- a) Using the format of the table below, please outline the five programs that delivered the most important outcomes in the community¹ achieved by the department in 2017-18 and 2018-19 including:
- i. The name of the program
 - ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
 - iii. The planned outcome as stated in the budget papers
 - iv. The actual outcome achieved
 - v. The actions taken to deliver the actual outcome (i.e. the most important elements/essential parts that led the Department to deliver the outcome).

2017-18 Response

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1.	Not applicable			
2.				
3.				
4.				
5.				

2018-19 Response

Program	Output(s) and portfolio(s)	Planned outcome	Description of actual outcome achieved	Description of the actions taken to deliver the actual outcome
1.	Not applicable			
2.				
3.				
4.				
5.				

¹ 'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered. The Committee considers that an outcome could be considered important for a variety of reasons, such as the amount of funding allocated to the program, the public interest in the service or goods being delivered or where particular actions taken by the Department delivered improved outcomes.

- b) Using the format of the table below, please outline the five least performing programs that did not deliver their planned outcomes in the community by the department in 2017-18 and 2018-19 including:
- i. The name of the program
 - ii. The relevant output(s) and portfolio(s) responsible for delivery of the program
 - iii. The planned outcome as stated in the budget papers
 - iv. The actual outcome achieved
 - v. Explanation for not achieving the planned outcome (including a description of what actions were taken to try and achieve the planned outcome)

2017-18 Response

Program	Output(s) and portfolio(s)	Planned outcome to be achieved	Description of actual outcome achieved	Explanation for not delivering the planned outcome
1.	Not applicable			
2.				
3.				
4.				
5.				

2018-19 Response

Program	Output(s) and portfolio(s)	Planned outcome to be achieved	Description of actual outcome achieved	Explanation for not delivering the planned outcome
1.	Not applicable			
2.				
3.				
4.				
5.				

Question 3 (all departments) Treasurer’s advances and other budget supplementation

Please identify all output(s) and portfolio(s) (and relate them to departmental programs) for which the department received additional funding after the initial Budget in 2017-18 and 2018-19.

For each output, please quantify the additional funding, indicate the source of the additional funding (e.g. Treasurer’s Advance, unused prior years appropriations under s32 of the *Financial Management Act 1994* (Vic), supplementation through a Temporary Advance under section 35 of the FMA, or any possible sources of funding as listed in the Resource Management Framework, section 4, pg. 55) and explain why additional funding was required after funding was allocated in the Budget.

2017-18 Response

Output(s) and portfolio(s)	Program	Funding allocated in 2017-18 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Not applicable					
	Total 2017-18				

2018-19 Response

Output(s) and portfolio(s)	Program	Funding allocated in 2018-19 Budget	Additional funding (\$ million)	Source of additional funding as per the Resource Management Framework	Reasons why additional funding was required
Not applicable					
	Total 2018-19				

Section B: Asset investment

Question 4 (all departments) Capital expenditure variances, completion date and scope changes – existing projects

Please provide details of all capital asset programs where:

- a) there was a variance between TEI at announcement compared to the revised TEI in the 2017-18 Budget and 2018-19 Budget of equal to or greater than $\pm 5\%$ or \$50 million and an explanation for the variance
- b) the estimated completion date at announcement is different to the completion date in the 2017-18 Budget and 2018-19 Budget and an explanation for the change
- c) the scope of the project at announcement is different to the scope of the project as it is presented in the 2017-18 Budget and 2018-19 Budget.

2017-18 Response

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2018 (\$ million)	TEI at announcement (\$ million)	Revised TEI 2017-18 Budget (\$ million)	Variance between TEI at announcement compared to Revised TEI in 2018-19 Budget (±5% or \$50 million) explanation
Not applicable					

Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2017-18 Budget	Explanation
Not applicable				

Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Not applicable			

2018-19 Response

Capital expenditure

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Total actual expenditure spent from announcement to 30 June 2019 (\$ million)	TEI at announcement (\$ million)	Revised TEI 2018-19 Budget (\$ million)	Variance between TEI at announcement compared to Revised TEI in 2019-20 Budget (±5% or \$50 million) explanation
Not applicable					

Completion date

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Estimated completion date at announcement	Revised completion date 2018-19 Budget	Explanation
Not applicable				

Scope

Project	Output(s) and portfolio(s) and/or agency responsible for the project	Scope at announcement	Details of scope change(s) and date(s) scope changes occurred
Not applicable			

Question 5 (all departments) Details of actual capital expenditure – completed projects (or expected to be completed)

Please provide the following details about asset investment projects that were completed in 2017-18 and 2018-19:

- a) Project name and Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies responsible for delivery of the project
- b) Total Estimated Investment (TEI) at announcement
- c) Actual cost of project
- d) Estimated completion date at announcement
- e) Actual completion date
- f) Explanations for any variance in capital expenditure and/or completion date.

2017-18 Response

Project	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
	Not applicable					

2018-19 Response

Project	Responsible Department(s), Output(s) and Portfolio(s) and/or Agency/Agencies	TEI at announcement (\$ million)	Actual cost of project (\$ million)	Estimated completion date at announcement	Actual completed date	Variance explanation (\$ value variance and/or time variance)
	Not applicable					

Question 6 (all departments) High-value high-risk projects, gateway reviews and business cases

Under the High Value High Risk (HVHR) Framework, a project will be classified as HVHR if it is a budget funded project that has a Total Estimated Investment (TEI) of over \$250 million. HVHR projects are subject to compulsory Gateway reviews, where Gates 1 through 6 are compulsory for all eligible projects: Gate 2 outlines the development of a business case.

Please list all projects included in the 2017-18 and 2018-19 budget papers that were allocated to the department and were classified as HVHR. Please also specify which gateway reviews, if any, were completed during 2017-18 and 2018-19 and business case details for each project. Please use project names as specified in *Budget Paper No.4: State Capital Program*.

2017-18 Response

HVHR Project	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Not applicable				

2018-19 Response

HVHR Project	Gateway review name/ Date completed	Date business case completed	Business case – publicly available? Y/N	Business case link (URL)
Not applicable				

Question 7 (all departments) Public Private Partnership (PPP) expenditure – existing and completed

Please provide the following information related to the department’s PPP projects:

- a) The total estimated PPP investment value, the total actual expenditure from announcement to 30 June 2018 and 2019, or the actual cost spent to 30 June 2018 and 2019 (actual cost spent in the respective financial year) and the benefits of using the PPP financing model when delivering/funding a project over other financing methods.
- b) Where the estimated completion date at announcement is different to the completion date in the 2017-18 Budget and 2018-19 Budget and an explanation for any variance.
- c) Where the scope of the PPP at announcement is different to the scope of the project as it is presented in the 2017-18 Budget and 2018-19 Budget.

2017-18 Response

Investment value and benefit of using PPP model

Project name	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value (\$ million)	Total actual expenditure from announcement to 30 June 2018 (\$ million)	Actual expenditure in year ending 30 June 2018 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Not applicable					

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation
Not applicable				

Scope

Project name	Output(s) and portfolio(s) and/or agency	Original scope	Revised scope	Explanation for scope changes
Not applicable				

2018-19 Response

Investment value and benefit of using PPP model

Project name	Output(s) and portfolio(s) and/or agency	Total estimated PPP investment value (\$ million)	Total actual expenditure from announcement to 30 June 2019 (\$ million)	Actual expenditure in year ending 30 June 2019 (\$ million)	Benefits of using PPP model versus other delivery/funding models
Not applicable					

Completion date

Project name	Output(s) and portfolio(s) and/or agency	Estimated completion date	Revised estimated completion date	Variance explanation
Not applicable				

Scope

Project name	Output(s) and portfolio(s) and/or agency	Original scope	Revised scope	Explanation for scope changes
Not applicable				

Section C: Revenue and appropriations

Question 8 (all departments and entities) Revenue – variances from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million between the actual result for 2017-18 and 2018-19 and the actual result for 2017-18 and 2018-19 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any reduced amounts of revenue affected service delivery and then link it to the relevant output and portfolio.

Please also detail the outcomes in the community² achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports.

If there were no revenue/income categories for the department/agency for which the 2017-18 and 2018-19 expenditure changed from the prior year's expenditure by more than $\pm 10\%$ or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below.

2017-18 Response

Revenue category	2016-17 actual (\$ million)	2017-18 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Government Grants – Operating	1430	1528	Increase due mainly to \$100m additional funding from State Government compared to prior year.	Additional Acute WIES (39m), growth in mental health (8.6m), funding for EBAs (5.6m), Acute and outpatient increased activity (40m).	
Government Grants - Capital and Other Capital purpose income	180	101	Decrease in capital grants for major projects.	Timing of expenditure on infrastructure replacement and major capital works including the Casey Hospital Expansion.	

²That is, the impact of service delivery on the community rather than a description of the services delivered.

2018-19 Response

Revenue category	2017-18 actual (\$ million)	2018-19 actual (\$ million)	Explanations for changes $\pm 10\%$ or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, how was this achieved	Relevant output(s) and portfolio(s)
Government Grants – Operating	1528	1652	Increase in revenue of \$12m and \$132m from Commonwealth and State Governments respectively.	Commonwealth Grants: due mainly to increased PBS revenue and reduction in mental health recall in FY19. State Grants: Additional Acute WIES (61m), growth in mental health (21.2m), funding for medical and nurse EBAs (25.6m), Acute and outpatient increased activity (5.0m), Long Service Leave funding (13.6m).	
Government Grants - Capital and Other Capital purpose income	101	127	Increase in capital grants for major projects.	Timing of expenditure on infrastructure, and capital works mainly for the Casey Hospital Expansion and the Victorian Heart Hospital.	
Other Revenue from Operating Activities	65	89	Revenue from non-government organisations	Increased revenue from clinical trials and research funding and recoveries from other external organisations.	

Question 9 (all departments and entities) Revenue – variances from budget to actual

Please explain any variances equal to or greater than ±10% or \$100 million between the initial budget estimate (not the revised estimate) and the actual result for 2017-18 and 2018-19 for each revenue category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any reduced amounts of revenue affected service delivery and then link it to the relevant output and portfolio.

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports.

2017-18 Response

Revenue category	2017-18 Budget (\$ million)	2017-18 Actual (\$ million)	Explanations for changes ±10% or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Government Grants - Capital and Other Capital purpose income	50	101	Increased funding for major projects.	Timing of funding for infrastructure replacement and major capital works.	

2018-19 Response

Revenue category	2018-19 Budget (\$ million)	2018-19 Actual (\$ million)	Explanations for changes ±10% or \$100 million	How the additional revenue was used/the impact of reduced revenue. If no impact, explain why	Relevant output(s) and portfolio(s)
Government Grants - Capital and other capital purpose income	190	127	Due mainly to lower DHHS capital grants than estimated.	Timing of funding for infrastructure, equipment and maintenance with major projects funding \$47m below budget, capital donations and bequests \$7m, and \$7m in internally funded capital.	

Section D: Expenses

Question 10 (all departments and entities) Expenses changed from previous year

Please explain any changes equal to or greater than $\pm 10\%$ or \$100 million with regards to the actual result for 2016-17 and 2017-18 for each category of expenses detailed in your operating statement, the initial budget estimate (not the revised budget), and 2017-18 and 2018-19 actual results. Please also detail the outcomes in the community³ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

For departments, please provide data consolidated on the same basis as the budget portfolios outcomes statement in your annual reports.

2017-18 Response

Expenses category	2016-17 Actual \$ million	2017-18 Budget estimate \$ million	2017-18 Actual \$ million	Explanations for variances $\pm 10\%$ or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee Expenses	1242	1343	1364	6% increase in EFT from 16/17 to 17/18. 3.8% for increase in pay rates of employees per award such as medical and nurses EBA.	Additional expenses incurred to meet growth in patient activity from 16-17 to 17-18.
Supplies and Consumables	269	271	281	Variance <10% & <\$100 million	
Other Operating Expenses	141	149	135	Variance <10% & <\$100 million	
Other Non-Operating Expenses	89	98	97	Variance <10% & <\$100 million	

³That is, the impact of service delivery on the community rather than a description of the services delivered.

2018-19 Response

Expenses category	2017-18 Actual \$ million	2018-19 Budget estimate \$ million	2018-19 Actual \$ million	Explanations for variances ±10% or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses. If no impact, how was this achieved
Employee Expenses	1364	1451	1511	5% increase in EFT from 16/17 to 17/18. Increase in salaries per award such as Medical and Nurses EBA.	Higher salaries and wages incurred to meet the growth in inpatient WIES activity by 4%.
Supplies & Consumables	281	281	291	Variance <10% & <\$100 million	
Other Operating Expenses	135	157	148	Increase in medical indemnity insurance premium and increase use of medical locum. Also greater usage and cost of electricity and other utilities.	Increased use of medical locum as well as utilities is caused by more patients being serviced by the hospital. 4% growth in WIES year on year.
Other Non-Operating Expenses	97	101	96	Variance <10% & <\$100 million	

Question 11 (all departments and entities) Changes to service delivery from savings initiatives

Please provide the following details of the impact on service delivery as a result of the savings initiatives announced in the 2017-18 and 2018-19 Budget:

- a) Savings target in the 2017-18 and 2018-19 Budget and the amount of the savings target allocated to the department/entity
- b) Actual savings achieved in 2017-18 and 2018-19 and the actions taken to achieve the savings target allocated and their impact, including the link to the relevant output and portfolio impacted.

2017-18 Response

Savings initiative in the 2017-18 Budget \$ million	Savings target allocated to the department/entity in 2017-18	Actual savings achieved in 2017-18 \$ million	Actions taken to achieve the allocated savings target	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
NIL					

2018-19 Response

Savings initiative in the 2018-19 Budget \$ million	Savings target allocated to the department/entity in 2018-19	Actual savings achieved in 2018-19 \$ million	Actions taken to achieve the allocated savings target	What was the impact as a result of the measures taken to achieve the savings target? <i>(e.g. frontline and/or other areas of business that saw the impact)</i> If no impact, how was this achieved	Which output(s) and portfolio(s) were impacted (if relevant)
NIL					

Question 12 (all departments) Achievement of reprioritisation of existing resources

The 2017-18 and 2018-19 budget papers include targets for ‘funding from reprioritisation of existing resources’ to fund new initiatives (2017-18 Budget Paper No.2, p.55 and 2018-19 Budget paper No.2, pg. 54). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For the department (including all controlled entities),⁴ please indicate:

- a) what areas of expenditure (including projects and programs if appropriate) the funding was reprioritised from (i.e. what the funding was initially provided for)
- b) what areas of expenditure were the funds actually spent on
- c) for each area of expenditure (or project or program), how much funding was reprioritised in each year
- d) the impact of the reprioritisation (in terms of service delivery) on those areas.

2017-18 Response

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2017-18 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
Not applicable				

2018-19 Response

Area of expenditure originally funded	Area of expenditure actually funded	Value of funding reprioritised in 2018-19 (\$ million)	Impact of reprioritisation of funding (if no impact, how was this achieved)	Output(s) and portfolio(s) impacted (if relevant)
Not applicable				

⁴ That is, please provide this information for the Department on the same basis of consolidation as is used in the budget papers.

Question 13 (all departments) Contractors, Consultants and Labour Hire Arrangements

Please indicate how much the department spent on contractors, consultants and labour hire arrangements during 2016-17, 2017-18 and 2018-19. Labour hire arrangements include the cost of engaging the labour recruiting firm, plus additional costs paid to the labour recruiting firm for the provision of the services of the contractor. Please also explain variances equal to or greater than ±10% between years and list the business areas impacted and how.

2016-17 Actual \$ million	2017-18 Actual \$ million	2018-19 Actual \$ million	Explanation for variances (year on year) ±10%	Which business areas were impacted/benefitted and how?	Please link your response to relevant output(s) and portfolio(s)
Not applicable					

Question 14 (PNFC and PFC entities only) Dividends and other amounts paid to the general government sector

Please detail the type and value of dividends, amounts equivalent to dividends, non-dividend grants, and capital repatriations paid by your agency to the general government sector in 2017-18 and 2018-19, explaining the reasons for any significant changes over that period and the impact of any changes on the entity.

2017-18 Response

Type of dividend paid	2017-18 Budget (\$ million) <i>BP 5, pg. 21</i>	2017-18 Actual (\$ million)	Explanations for variances $\pm 10\%$ or \$100 million	Impact on the agency. If no impact, how was this achieved	Funding ratio at 30 June 2018
Not applicable					

2018-19 Response

Type of dividend paid	2018-19 Budget (\$ million) <i>BP 5, pg. 21</i>	2018-19 Actual (\$ million)	Explanations for variances $\pm 10\%$ or \$100 million	Impact on the agency. If no impact, how was this achieved	Funding ratio at 30 June 2019
Not applicable					

Section E: Public sector workforce

Question 15 (all departments and entities) Full Time Equivalent (FTE) staff by level and category

Please fully complete the table below, providing actual FTE staff numbers at 30 June 2017, at 30 June 2018 and 30 June 2019 (broken down by the categories listed below) for the department. Please include specific categories as relevant to the department/entity and where relevant, provide a description of what categories constitute 'other'. Please provide figures consolidated on the same basis as the expenditure for the department in the budget papers and detail which, if any, entities are included in the FTE numbers provided.

Category	30 June 2017 Actual FTE number	30 June 2018 Actual FTE number	30 June 2019 Actual FTE number
Secretary			
EO-1			
EO-2			
EO-3			
VPS Grade 7 (STS)			
VPS Grade 6			
VPS Grade 5			
VPS Grade 4			
VPS Grade 3			
VPS Grade 2			
VPS Grade 1			
Government Teaching Service			
Health services	10,919	11,480	12,105
Police			
Nurses/Midwives			
Allied health professionals			
Child protection			
Disability development and support			
*Youth custodial officers			
*Custodial officers			
**Other			
Total	10,919	11,480	12,105

***Please provide a breakdown for Youth custodial and Custodial officers by level (for example, YW1, YW2, YW3, YW4, YW5 and YW6).**

****Other includes:**

Numbers include FTE for the following entities:

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Question 16 (all departments and entities) Salary by employment category

In the table below, please detail the salary costs for 2016-17, 2017-18 and 2018-19, broken down by ongoing, fixed-term and casual, and explain any variances equal to or greater than ±10% or \$100 million between the years for each category.

Employment category	Gross salary 2016-17 (\$ million)	Gross salary 2017-18 (\$ million)	Gross salary 2018-19 (\$ million)	Explanation for any year-on-year variances ±10% or \$100 million
Ongoing	1,037.5	1,122.6	1,259.0	Increased EFT by 471 from 16-17 to 18-19
Fixed-term				
Casual	73.7	81.4	80.6	
Total	1,111.2	1,204.0	1,339.6	

Question 17 (all departments and entities) Executive salary increases

Please detail the number of executives who received increases in their base remuneration in 2017-18 and 2018-19, breaking that information down according to what proportion of their salary the increase was, and explaining the reasons for executives' salaries increasing in each bracket.

2017-18 Response

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2017-18, apart from normal increases due to employment agreements	Reasons for these increases
0-3%	0	All movements in line with employment agreements
3-5%	0	
5-10%	0	
10-15%	0	
greater than 15%	0	

2018-19 Response

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2018-19, apart from normal increases due to employment agreements	Reasons for these increases
0-3%	0	All movements in line with employment agreements
3-5%	0	
5-10%	0	
10-15%	0	
greater than 15%	0	

Question 18 (all departments and entities) Enterprise Bargaining Agreement (EBAs)

Please list the Enterprise Bargaining Agreement (EBAs) concluded in 2017-18 and 2018-19 that had an impact for the department/agency. For each EBA, please show the number of employees affected and the growth in employee expenses attributable to the EBA.

2017-18 Response

Enterprise Bargaining Agreement	Number of employees affected	Number of employees as a % of department/entity	Growth in employee expenses attributable to the EBA (\$ million)	Growth in employee expenses attributable to the EBA (\$ million) as a % of total employee expenses
Victorian Public Health Sector (Medical Scientists, Pharmacists and Psychologists) Single Interest Enterprise Agreement 2017-2021 12_18_41	893	5.4%	\$2.078 p.a	0.18%

2018-19 Response

Enterprise Bargaining Agreement	Number of employees affected	Number of employees as a % of department/entity	Growth in employee expenses attributable to the EBA (\$ million)	Growth in employee expenses attributable to the EBA (\$ million) as a % of total employee expenses
AMA Victoria – Victorian Public Health Sector – Doctors in Training EA 2018-2021 (09_09REG)	1,651	10%	\$8.166 p.a \$1.386 Lump Sum once off payment	0.61% 0.11%
AMA Victoria – Victorian Public Health Sector – Medical Specialists EA 2018-2021 (08_31)	1,253	7.6%	\$9.60 p.a \$1.793 Lump Sum once off payment	0.71% 0.13%

Victorian Public Health Sector (Biomedical Engineers) Enterprise Agreement 208-2022 (46)	15	0.09%	\$0.06 p.a	0.005%
Victorian Public Health Sector (Dental Therapists, Dental Hygienists and Oral Health Therapists) EA 2018-2022 (91)	25	0.15%	\$0.031 p.a	0.002%
Victorian Public Health Sector (General Dentists) Multi EA 2018-2022 (13)	36	0.22%	\$0.178 p.a	0.013%
Victorian Public Health Sector Maintenance Multi Employer Agreement 2017-2021 (21,42, 49)	21	0.13%	\$.085 p.a	0.006%
Jessie McPherson Private Hospital (Nurses and Midwives) EA 2016 (03JM & 22JM)	102	0.62%	\$0.130 p.a	0.01%
Jessie McPherson Private Hospital Support Services EA 2018 (04JM)	36	0.22%	\$0.065 p.a	0.005%

Section F: Government decisions impacting on the finances

Question 19 (all departments and entities) Commonwealth Government decisions

Please identify any Commonwealth Government decisions during 2017-18 and 2018-19 which had not been anticipated/not been concluded before the finalisation of the State budget in 2017-18 and 2018-19 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to funding levels). Please quantify the impact on income and expenses where possible.

2017-18 Response

Commonwealth Government decision	Impact(s) in 2017-18	
	on income (\$ million)	on expenses (\$ million)
NIL		

2018-19 Response

Commonwealth Government decision	Impact(s) in 2018-19	
	on income (\$ million)	on expenses (\$ million)
NIL		

Question 20 (all departments and entities) Council of Australian Governments (COAG) decisions

Please identify any COAG decisions during 2017-18 and 2018-19 which had not been anticipated/not been concluded before the finalisation of the State Budget in 2017-18 and 2018-19 and their impact(s) on the department's/entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to agreements). Please quantify the impact on income and expenses where possible.

2017-18 Response

Commonwealth Government decision	Impact in 2017-18	
	on income (\$ million)	on expenses (\$ million)
NIL		

2018-19 Response

Commonwealth Government decision	Impact in 2018-19	
	on income (\$ million)	on expenses (\$ million)
NIL		

Section G: General

Question 21 (all departments and entities) Key audit matters

Please list any Key Audit Matters (KAMs) identified by the Victorian Auditor General in the department/entities 2017-18 and 2018-19 annual reports and provide information about the associated actions taken by the department/entity to benefit future disclosures or manage associated risks, since the KAMs were identified.

2017-18 Response

Key audit matters identified	Actions taken
The Key risk and areas of audit focus for the 2017-18 audit did not include any areas identified to be a likely Key Audit Matters (KAM).	N/A

2018-19 Response

Key audit matters identified	Actions taken
The 2018-19 audit strategy included the review of fair value of non-current physical asset. This area of audit focus was identified by VAGO as a likely Key Audit Matter (KAM).	There were no noted deficiencies in internal control or financial reporting noted during the audit and no recommendations for improvement were made which required action.

Question 22 (all departments and entities) Reviews/studies undertaken

- a) Please list all internal and external reviews/studies commenced or completed by or on behalf of the department/agency in 2017-18 and 2018-19 and provide the following information:
- i. Name of the review/study and which portfolio and output/agency is responsible
 - ii. Reasons for the review/study
 - iii. Terms of reference/scope of the review/study
 - iv. Timeline for the review/study
 - v. Anticipated outcomes of the review/study
 - vi. Estimated cost of the review/study and final cost (if completed)
 - vii. Final cost if completed
 - viii. Where completed, whether the review/study is publicly available and where.

2017-18 Response

Name of the review (portfolio(s) and output(s)/agency responsible)	Reasons for the review/study	Term of reference/scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and URL
Provision of internal audit services	<ul style="list-style-type: none"> Internal Audit and FBT Services 	<ul style="list-style-type: none"> Contract of service from 1 July 2016 to 30 June 2021 to: <ul style="list-style-type: none"> Develop annual internal audit plans for Monash Health and Jessie McPherson Private Hospital Manage delivery of internal audit plans Provide status reports 	1/7/17 to 30/6/18	Approved annual internal audit plans which are completed in accordance with contract objectives	\$669,000	\$669,000	N
Data Integrity (Victorian Emergency Medicine dataset) Internal Audit - conducted by Ernst & Young	<ul style="list-style-type: none"> Known contemporary risks in the Victorian health sector Annual data integrity audit 	The key areas of focus for this Internal Audit project will include examination of: <ul style="list-style-type: none"> ► Policies and procedures to support the VEMD data submission process ► Governance and reporting practices in place supporting the VEMD data submission process ► Key business processes and controls to support VEMD data accuracy including processes for: 	Reported May 2018	Understanding of the full end-to-end process and identification of any internal control deficiencies	\$19,312.50	\$19,312.50	N

		<ul style="list-style-type: none"> ▶ Capturing emergency department data including the consistency in application of the definitions used to derive VEMD data ▶ Facilitating compliance with the Department's requirements including timely recording and reporting of emergency data to the Department ▶ Verifying the accuracy and completeness of VEMD data captured prior to reporting to the Department including validation and reconciliation activities ▶ Recording and reporting retrospective data entry, corrections or deletions identified via the reconciliation and reporting process ▶ IT systems and applications to support accurate recording of VEMD data including user access to key systems and applications and the use of staff unique user identifiers/passwords to access data recording and reporting systems. 					
Payroll Internal Audit - conducted by Ernst & Young	<ul style="list-style-type: none"> • Known contemporary risks in the Victorian health sector 	<p>The scope of this Internal Audit project will examine key business processes that relate to employee payroll payments. Specifically we will examine:</p> <ul style="list-style-type: none"> ▶ Staff adherence to procedures in place relating to payroll practices. ▶ The control framework supporting employee masterfile management, including a walkthrough of the following processes: <ul style="list-style-type: none"> ▶ New employee set-up 	Reported November 2017	Understanding of the full end-to-end process and identification of any internal control deficiencies	\$25,750	\$25,750	N

		<ul style="list-style-type: none"> ▶ Changes to existing employee information such as pay rates ▶ Establishment of payroll deductions including superannuation ▶ Employee masterfile changes including changes to employee bank accounts ▶ Employee termination payments including consistency of process, appropriate approvals and supporting evidence for final termination payments ▶ Process for implementing changes to the EBA ▶ Process for implementing the ATO Super Stream requirements, including the progress of its implementation and understanding the cause of delays ▶ Processing of Public Holiday salary payments. ▶ Process for actioning and approving of employee payroll payments ▶ Payroll management reporting ▶ General ledger account reconciliations ▶ Staff overpayments, including the reporting and repayment of overpayment amounts ▶ Processes for adjusting leave balances in Chris21. ▶ User access controls within the Chris21 system ▶ Application of segregation of duties, and compliance with policies and procedures, across the above payroll processes. 					
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<p>Compliance with the Standing Directions of the Minister for finance, including purchasing cards</p> <p>Internal Audit - conducted by Ernst & Young</p>	<ul style="list-style-type: none"> • Key legislation and regulatory requirements impacting Monash Health • Annual audit 	<p>The scope of our project will be to examine the processes that Monash Health has established to foster compliance with key Standing Direction requirements in accordance with management’s Standing Directions self-assessment schedule and the Standing Directions.</p> <p>Standing Directions are reviewed on a three year rotational basis by Internal Audit with the intention that, at the end of the three-year cycle, all Direction Requirements will have been examined by Internal Audit.</p> <p>This project represents the second year of the rotational review process conducted by Internal Audit.</p>	<p>July 2018</p>	<p>Identification of any compliance deficiencies</p>	<p>\$23,175</p>	<p>\$23,175</p>	<p>N</p>
<p>VAED Monash Medical Centre, Clayton</p> <p>External Audit - KPMG engaged by Victorian Agency for Health Information (VAHI)</p>	<ul style="list-style-type: none"> • VAHI requested audit to support data quality improvement in admitted patient data reporting. 	<p>KPMG has been engaged by the Victorian Agency for Health Information (VAHI) to conduct an audit of admitted patient data reported by Victorian public health services to the Victorian Admitted Episodes Dataset (VAED) for the four financial years of 2016-17, 2017-18, 2018-19 and 2019-20. The objectives of the audit and the required outcomes are:</p> <ul style="list-style-type: none"> ▶ Assess the validity of data underpinning the Activity Based Funding (ABF) model ▶ Support quality and safety improvement in health services ▶ Validate a range of administrative data reported to the Department of Health and Human Services by health services ▶ Support data quality improvement in admitted patient data reporting. <p>Monash Medical Centre: Clayton Campus was selected for audit of its 2017-18 acute and mental health data.</p>	<p>Reported October 2018</p>	<p>Validation of data reported to the Department of Health and Human Services</p>	<p>N/A</p>	<p>N/A</p>	<p>N</p>

<p>VAED Dandenong Hospital</p> <p>External Audit - KPMG engaged by Victorian Agency for Health Information (VAHI)</p>	<ul style="list-style-type: none"> VAHI requested audit to support data quality improvement in admitted patient data reporting. 	<p>KPMG has been engaged by the Victorian Agency for Health Information (VAHI) to conduct an audit of admitted patient data reported by Victorian public health services to the Victorian Admitted Episodes Dataset (VAED) for the four financial years of 2016-17, 2017-18, 2018-19 and 2019-20. The objectives of the audit and the required outcomes are:</p> <ul style="list-style-type: none"> Assess the validity of data underpinning the Activity Based Funding (ABF) model Support quality and safety improvement in health services Validate a range of administrative data reported to the Department of Health and Human Services by health services Support data quality improvement in admitted patient data reporting. <p>Dandenong Hospital was selected for audit of its 2017-18 acute and mental health data.</p>	<p>Reported October 2018</p>	<p>Validation of data reported to the Department of Health and Human Services</p>	<p>N/A</p>	<p>N/A</p>	<p>N</p>
<p>VAED Casey Hospital</p> <p>External Audit - KPMG engaged by Victorian Agency for Health Information (VAHI)</p>	<ul style="list-style-type: none"> VAHI requested audit to support data quality improvement in admitted patient data reporting. 	<p>KPMG has been engaged by the Victorian Agency for Health Information (VAHI) to conduct an audit of admitted patient data reported by Victorian public health services to the Victorian Admitted Episodes Dataset (VAED) for the four financial years of 2016-17, 2017-18, 2018-19 and 2019-20. The objectives of the audit and the required outcomes are:</p> <ul style="list-style-type: none"> Assess the validity of data underpinning the Activity Based Funding (ABF) model Support quality and safety improvement in health services Validate a range of administrative data reported to the Department of Health and Human Services by health services Support data quality improvement in admitted patient data reporting. 	<p>Reported September 2018</p>	<p>Validation of data reported to the Department of Health and Human Services</p>	<p>N/A</p>	<p>N/A</p>	<p>N</p>

		Casey Hospital was selected for audit of its 2017-18 acute and mental health data.					
Patient Experience Surveying	Improving patient experience at Monash Health	A 12 month contract with Press Ganey Australia was established for continuous patient experience surveying of all inpatient wards and units at Monash Medical Centre and Dandenong Hospital.	1/7/17 to 30/6/18	Relevant patient experience data, to strengthen accountability, and drive improvement.	\$187,000	\$149,000	N
EMR Communication Strategy	Information technology Review	Consulting services to complete EMR communication strategy and implementation plan	1/7/17 to 30/6/18	A communication strategy to support the EMR implementation across Monash Health services	\$88,000	\$88,000	N
Review of Pharmacy staffing, staffing structure and services	Review of Pharmacy	<ul style="list-style-type: none"> Review pharmacy services Review pharmacy staff, staffing levels, structure and classification Develop comparators and assessment criteria for services and staff	1/7/17 to 30/6/18	Analysis of current pharmacy services and recommendations for a contemporary pharmacy service model.	\$68,000	\$68,000	N
Procurement reform project	Organisational Growth and Development	Development and implementation of an organisation wide centralised procurement strategy.	1/7/17 to 30/6/18	An organisational level procurement strategy tailored to Monash Health to provide maximum efficiency and value for money.	\$58,000	\$58,000	N
Mental Health Transition Support Unit review	Assessment of mental Health Transition Support Unit	<ul style="list-style-type: none"> Review of existing model of care for the TSU Develop an implementation plan for establishment of the TSU 	1/7/17 to 30/6/18	A new Transition Support Unit model of care was developed and implemented by Monash Health. The review also supported the associated budget submission.	\$54,000	\$54,000	N

DTF Policy Asset Management Accountability Framework	Asset Management Framework Review	Assessment of Asset Management maturity and update the Asset Management Policy	1/7/17 to 30/6/18	A report and recommendations to strengthen Monash Health's compliance with the DTF Assessment Management Framework	\$52,000	\$52,000	N
Aged care services marketing review	Marketing Consulting	Aged care marketing and communications services	1/7/17 to 30/6/18	A review of Monash Health aged care services and options to strengthen Monash Health's occupancy of residential aged care services	\$47,000	\$47,000	N
Chris21/LMS upgrade	Information Technology Consulting	Project management support for upgrade to HR systems	1/7/17 to 30/6/18	Specialist support to upgrade Monash Health's HR system	\$45,000	\$45,000	N
Asbestos Audit	Workplace safety review	<ul style="list-style-type: none"> Site review, assessment and expert advice Site work and sampling 	1/7/17 to 30/6/18	An asbestos audit at select Monash Health sites including: Mooraleigh Hostel, Kingston Rehabilitation Centre and Yarraman Hostel	\$45,000	\$45,000	N
Francis Group Consulting	Project consulting	Project consulting for the Monash Health Monash Partners Comprehensive Cancer Consortium	1/7/17 to 30/6/18	Consulting support for the Monash Health Monash Partners Comprehensive Cancer Consortium	\$44,000	\$44,000	N
MRI Licence acquisition	Strategic Planning consulting	To achieve Commonwealth Medicare Benefits Schedule Full Licence for MRI machine at Monash Children's Hospital and	1/7/17 to 30/6/18	Recommendations for Monash Health to achieve	\$36,000	\$36,000	N

		Upgrade from Partial to Full Licence for MRI machine at Moorabbin Hospital		Commonwealth Medicare Benefits Schedule Full Licence for MRI machine at Monash Children's Hospital and Upgrade from Partial to Full Licence for MRI machine at Moorabbin Hospital			
Information Technology Opturion Pty Ltd	Information technology Review	<ul style="list-style-type: none"> •Analysis of rostering methodology in 20 units and departments •Delivery of a report with recommendations for achieving efficiencies in rostering 1/7/17 to 30/6/18 	1/7/17 to 30/6/18	<ul style="list-style-type: none"> •Report outlining analysis of rostering methodology in 20 units and departments •Delivery of a report with recommendations for achieving efficiencies 	\$34,000	\$34,000	N
Learning management system implementation	Information technology consulting	A review of our Learning Management System and practices	1/7/17 to 30/6/18	Recommendations to support functionality for our LMS	\$30,000	\$30,000	N
Workplace Safety Aquaklar Analytical Supplies	Workplace safety review	Independent review of Monash Health cooling towers to ensure the a risk management plans are followed in accordance with legislation	1/7/17 to 30/6/18	Report outlining compliance with risk management plan.	\$23,000	23,000	N
Alison Evans Consulting	Alison Evans Consulting	Project consulting for the Monash Health Monash Partners Comprehensive Cancer Consortium	1/7/17 to 30/6/18	Consulting support for the Monash Health Monash Partners Comprehensive Cancer Consortium	\$18,000	\$18,000	N

Procurement advisory services	Information Technology Consulting	Spend analytics to visualise, benchmark and identify savings opportunities	1/7/17 to 30/6/18	Review outlining procurement savings opportunities for Monash Health	\$16,000	\$16,000	N
Strategic service planning	Consulting for Organisational Growth and Development	Assessment of population trends and variation	1/7/17 to 30/6/18	Report on demand and service needs to inform Monash Health service needs across its sites.	\$15,000	\$15,000	N
Executive Coaching	Workplace Culture Review	Executive Coaching services for executive development	1/7/17 to 30/6/18	Executive coaching for select Monash Health executives to strengthen leadership skills	\$14,000	\$14,000	N
Growth and development clinic	Paediatric Consulting	Specialist consulting	1/7/17 to 30/6/18	Specialist consulting	\$13,000	\$13,000	N
NDIS Program Establishment	Insurance Scheme Review	Strategic planning services to establish NDIS program	1/7/17 to 30/6/18	Recommendations to support readiness for Monash Health services to transition to the NDIS.	\$13,000	\$13,000	N
Review of Diagnostic Radiology	Workplace Review	Complex workplace review/ investigation and mediation between parties	1/7/17 to 30/6/18	Workplace investigation report	\$10,000	\$10,000	N
Security Risk Assessment	Workplace Review	<ul style="list-style-type: none"> • Security assessment of Monash Health Sites • Recommendations to address issues identified 	1/7/17 to 30/6/18	Report with recommendations to address issues identified.	\$10,000	\$10,000	N

2018-19 Response

Name of the review (portfolio(s) and	Reasons for the review/study	Term of reference/scope	Timeline	Anticipated outcomes	Estimated cost (\$)	Final cost if completed (\$)	Publicly available (Y/N) and
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output(s)/agency responsible)							URL
Provision of internal audit services	<ul style="list-style-type: none"> Internal Audit and FBT Services 	As part of a five year contract from 1 July 2016 to 30 June 2021: <ul style="list-style-type: none"> Develop annual internal audit plans for Monash Health and Jessie McPherson Private Hospital Manage delivery of internal audit plans Provide regular status reports	1/7/18 to 30/6/19	Approved annual internal audit plans which are completed in accordance with contract objectives.	\$528,000	\$528,000	N
Imaging Billings Internal Audit - conducted by Ernst & Young	<ul style="list-style-type: none"> Risks identified with the Monash Health Enterprise Risk Register Known contemporary risks in the Victorian health sector 	The key areas of focus for this Internal Audit project will include examination of processes for imaging billing for both inpatients and outpatients to ensure the file provided to finance enables accurate billing, including: <ul style="list-style-type: none"> Data capture in iPM, carestream and symphony linked to imaging Referral management processes Capture of the designation of the patient as either public or private Obtaining patient acceptance of financial liability Performing health fund checks. 	Reported May 2019	Understanding of the full end-to-end process and identification of any internal control deficiencies	\$26,240	\$26,240	N
Changes to Supplier Banking Details Internal Audit - conducted by Ernst & Young	<ul style="list-style-type: none"> Requests submitted for specific review by Monash Health Executive Management Conducted in response to an incident of fraud 	The key areas of focus for this Internal Audit project will include: <ul style="list-style-type: none"> Examination of policy and procedure documentation supporting the processes associated with making changes to banking details in the supplier Masterfile. Documenting of the key business processes and controls to support making changes to banking details for existing suppliers Understanding the review and reconciliation processes undertaken by Monash Health to confirm the accuracy and completeness of the supplier Masterfile and 	Reported July 2018	Understanding of the process and identification of any internal control deficiencies	\$5,150	\$5,150	N

		changes made to the Masterfile (e.g. completion of checklists for changing supplier banking details) ▶ Consideration of any segregation of incompatible duties.					
Data Integrity (Victorian Costed Data Collection) Internal Audit - conducted by Ernst & Young	<ul style="list-style-type: none"> Known contemporary risks in the Victorian health sector Annual data integrity audit 	<p>The scope of the Internal Audit project will be to examine Monash Health’s processes and controls relating to the management of VCDC, including:</p> <ul style="list-style-type: none"> ▶ Key documentation, policies and procedures relating to clinical costing processes and VCDC data submission, including: <ul style="list-style-type: none"> ▶ Determination of patient level costs ▶ Allocation of overhead costs across clinical areas ▶ Submitting VCDC data to DHHS, including: <ul style="list-style-type: none"> ▶ Key business processes in place to foster compliance with DHHS requirements ▶ Data Validation and reconciliation processes ▶ IT systems and applications to support accurate recording of data ▶ User access of clinical costing team members to key systems and applications, including examination of the existence of staff unique user identifiers and passwords to access data recording and reporting systems ▶ Retrospective data entry, correction and deletions by clinical costing team members ▶ Analysis of data extracts for accuracy and completeness (where appropriate) 	Reported July 2019	Understanding of the full end-to-end process and identification of any internal control deficiencies	\$26,240	\$26,240	N

<p>Conflict of Interest and Gifts, Benefits and Hospitality</p> <p>Internal Audit - conducted by Ernst & Young</p>	<ul style="list-style-type: none"> • Key legislation and regulatory requirements impacting Monash Health • Requests submitted for specific review by Monash Health Executive Management • Known contemporary risks in the Victorian health sector • Emerging broader health service risks identified through Ernst & Young key projects and experiences drawn from other Victorian health services 	<p>The key areas of focus for this Internal Audit will include review of the following:</p> <ul style="list-style-type: none"> ▶ Existence and extent of communication of key policies and procedures relating to detection and treatment of Col, the acceptance and reporting of GBH and the consequences of misconduct in relation to Col and GBH. ▶ Staff awareness and training activities performed for communicating expected key processes and controls regarding Col and GBH. ▶ Processes to record, monitor, report and mitigate potential conflicts of interest, including how Executive Management and the Board are kept informed of perceived or actual Col identified and actioned. 	<p>Reported November 2018</p>	<p>Understanding of the full end-to-end process and identification of any internal control deficiencies</p>	<p>\$28,864</p>	<p>\$28,864</p>	<p>N</p>
<p>Compliance with the Standing Directions of the Minister for finance, including purchasing cards</p> <p>Internal Audit - conducted by Ernst & Young</p>	<ul style="list-style-type: none"> • Key legislation and regulatory requirements impacting Monash Health • Annual audit 	<p>The scope of our project will be to examine the processes that Monash Health has established to foster compliance with key Standing Direction requirements in accordance with management’s Standing Directions self-assessment schedule and the Standing Directions.</p> <p>Standing Directions are reviewed on a three year rotational basis by Internal Audit with the intention that, at the end of the three-year cycle, all Direction Requirements will have been examined by Internal Audit.</p>	<p>Reported July 2019</p>	<p>Identification of any compliance deficiencies</p>	<p>\$19,680</p>	<p>\$19,680</p>	<p>N</p>

		This project represents the third year of the rotational review process conducted by Internal Audit.					
Medical Workforce payroll Internal Audit - conducted by Ernst & Young	<ul style="list-style-type: none"> • Key legislation and regulatory requirements impacting Monash Health • Requests submitted for specific review by Monash Health Executive Management • Known contemporary risks in the Victorian health sector 	<p>The key areas of focus for this Internal Audit will include examination of:</p> <ul style="list-style-type: none"> ▶ Payroll governance structures, including roles, responsibilities and interactions between Medical Workforce Unit, Human Resources, Finance (including Senior Business partners) and Program Directors ▶ Processes in place to ensure appropriate initial remuneration establishment (base hours, over awards, allowances etc) and how variations to hours and pay during the course of employment is monitored, reviewed and approved, including how changes in EBAs and Craft agreements are approved and communicated through all channels and appropriately applied by Payroll ▶ Policies and procedures, including the delegation of authority framework supporting medical workforce payments, in particular for (overtime, rostered, un-rostered, on-call, re-call and fee-for-service) ▶ Processes and controls in place to identify hours worked, including recording, verifying and reporting hours of work (rostered, un-rostered, on-call, re-call and fee-for-service) ▶ Approval practices within Kronos, including: <ul style="list-style-type: none"> ▶ Process for increasing hours and changing pay (e.g. in charge) ▶ Ensuring independent review and appropriate approvals ▶ Who has authorisations to approve timesheets within Kronos 	Reported November 2019	Understanding of the full end-to-end process and identification of any internal control deficiencies	\$41,984	\$41,984	N

		► Review control mechanisms for items paid through Kronos and the codes used						
Operational and capability transformation	Consultancy for Improvement in Financial Viability	Conduct an organisation wide assessment of capability, effectiveness and identify savings opportunities	1/7/18 to 30/6/19	Capability development and prioritised opportunities for savings.	\$1,150,000	1,150,000	N	
Provision of internal audit services	Internal Audit and FBT Services	As part of a five year contract from 1 July 2016 to 30 June 2021: <ul style="list-style-type: none"> • Develop annual internal audit plans for Monash Health and Jessie McPherson Private Hospital • Manage delivery of internal audit plans • Provide regular status reports 	1/7/18 to 30/6/19	Approved annual internal audit plans which are completed in accordance with contract objectives.	\$528,000	\$528,000	N	
Distribution Centre Establishment	Consultancy for Organisational Growth and Development	Project Management services to support establishment of Monash Health Distribution Centre	1/7/18 to 30/6/19	Implementation plan to transition payroll, finance and IT related functions to the Monash Health Distribution Centre.	\$163,000	\$163,000	N	
Dandenong and Cranbourne Centre Service plans	Consultancy for Organisational Growth and Development	Service planning for Dandenong and Cranbourne Centre	1/7/18 to 30/6/19	Approved service plans for Monash Health Dandenong and Cranbourne	\$150,000	\$150,000	N	
DTF Policy Asset Management Accountability Framework compliance	Asset Management Framework Review	Assessment of Asset Management maturity and update the Asset Management Policy	1/7/18 to 30/6/19	A report and recommendations to strengthen Monash Health's compliance with the DTF Assessment Management Framework	\$99,000	\$99,000	N	
BEIMS to PULSE transition project	Asset Management Consulting	Advisory support for transition from BEIMS to PULSE for their Facilities Maintenance system and asset register	1/7/18 to 30/6/19	Support to transition from BEIMS to PULSE for	\$91,000	\$91,000	N	

					the Monash Medical Centre, Dandenong Hospital and Kingston Centre Facilities Maintenance system and asset register			
Procurement advisory services	Information Technology Consulting		Set up and maintain an expenditure and catalogue dashboard for Monash Health procurement which may result in savings	1/7/18 to 30/6/19	Report on savings opportunities for Monash Health	\$87,000	\$87,000	N
Property valuation	Property Valuation Consultant		Assessment of Monash Health service site	1/7/18 to 30/6/19	Valuation report of Monash Health site	\$69,000	\$69,000	N
Strategic planning	Strategic Consulting	Planning	Strategic planning work for Monash Health service	1/7/18 to 30/6/19	Strengthen Monash Health's strategic planning capability	\$56,000	\$56,000	N
Patient Experience Surveying	Inpatient Consulting	Surveying	Complete patient survey	1/7/18 to 30/6/19	Patient survey report for Monash Health	\$52,000	\$52,000	N
Fleet management consultancy	Procurement Consulting		Review of fleet management arrangements	1/7/18 to 30/6/19	A report outlining recommendations to optimise Monash Health's current state fleet management practices	\$49,000	\$49,000	N
Consultancy	Architectural Consultancy		Scoping requirements for Monash Children's Hospital Imagination Tree and the ICU refurbishment at the Clayton site	1/7/18 to 30/6/19	A report outlining scoping requirements for Monash health clinical expansion	\$47,000	\$47,000	N
Workplace investigation	Workplace Consultancy		Workplace investigation undertaken in response to workplace incident	1/7/18 to 30/6/19	A report outlining workplace investigation and recommendation actions	\$47,000	\$47,000	N

Patient Experience Surveying	Inpatient Surveying Consulting	Complete patient survey	1/7/18 to 30/9/18	Provision of ward level data for three months to support survey, until Monash developed its own in-house capability development	\$45,000	\$45,000	N
Media support and training	Media consultation	Media support and public relations training for Monash Health staff and Monash Health Foundation	1/7/18 to 30/6/19	Media support and public relations training to build capability for Monash Health staff	\$42,000	\$42,000	N
Chris21/LMS upgrade	Information Technology Consulting	Project management support to upgrade Monash Health's learning management systems	1/7/18 to 30/6/19	Monash Health learning management system upgrade	\$41,000	\$41,000	N
Patient Experience Surveying	Workplace Research Consultancy	Patient Experience	1/7/18 to 30/6/19	Patient survey report for Monash Health	\$36,000	\$36,000	N
Workplace safety review	Workplace Safety review	Workplace safety review undertaken in response to workplace incident	1/7/18 to 30/6/19	Report summary of workplace incident and recommended actions	\$34,000	\$34,000	N
Strategic analysis of Jessie McPherson Private Hospital	Strategic Planning Consulting	<ul style="list-style-type: none"> Assessment of current operational model Competitor analysis Assessment of alternative operational models 	1/7/18 to 30/6/19	Report outlining opportunities to strengthen hospital model	\$32,000	\$32,000	N
Information Technology support	Information Technology Consulting	Specialist support for Monash Health information systems	1/7/18 to 30/6/19	Improved information technology systems for Monash Health	\$30,000	\$30,000	N
Workplace review	Workplace Review	Workplace review undertaken in relation to incident	1/7/18 to 30/6/19	Report outlining opportunities to improve workplace practices	\$28,000	\$28,000	N

External review of paediatrics at Casey hospital	Paediatric Review	Services	The Children's Program undertook an internal aggregate review in December 2017, following the death of six children between January 2016 and October 2017 who received care at Casey Hospital. Four cases out of six identified some aspects of care which were deficient and required rectification. A key recommendation was to consider an external review to optimise further learnings against current actions undertaken by the program.	1/7/18 to 30/6/19	The external review aimed to address the following: - issues have been identified; - the progress to date on addressing issues that have been identified; - issues of governance and culture - consideration of growth of services and resources.	\$16,000	\$16,000	N
						\$15,000	\$15,000	N
						\$15,000	\$15,000	N
Information technology enhancement	Information Technology Consulting		Information technology enhancement for Monash Health SharePoint services	1/7/18 to 30/6/19	Support for Monash Health SharePoint services	\$15,000	\$15,000	N
Strategic planning	Strategic Planning Consulting		Strategic planning in relation to Monash Health aged care services	1/7/18 to 30/6/19	Report outlining recommendations to strengthen Monash Health's approach to its aged care services	\$15,000	\$15,000	N
Growth and development clinic	Paediatric Consulting		Specialist consulting in relation to Monash Health's newborn growth and development clinic	1/7/18 to 30/6/19	Improvements to Monash Health paediatric clinical services	\$13,000	\$13,000	N
Graphic design services	Graphic Design Consulting		Design services for EMR, and corporate publications	1/7/18 to 30/6/19	Promotion and awareness of the EMR to support effective implementation of the EMR at Monash Health	\$13,000	\$13,000	N

Organisational walking challenge program.	Workplace Culture Review	Provision of tracking platform to support Monash Health walking challenge program	1/7/18 to 30/6/19	Improved health and wellbeing outcomes for Monash Health employees	\$12,000	\$12,000	N
Review of Cardiothoracic Surgery at Monash Health	Cardiothoracic Consulting	Review of clinical governance processes	1/7/18 to 30/6/19	Report on opportunities to improve clinical governance, performance, and culture	\$11,000	\$11,000	N
People Matter staff survey	Workplace Culture Review	Verbatim comment analysis reporting SMS EBA implementation review	1/7/18 to 30/6/19	Improved People Matter Survey analysis for Monash Health	\$11,000	\$11,000	N
Medical Staff contracts	Workplace Consultancy	Medical staff contracts development	1/7/18 to 30/6/19	Improvements to Monash Health medical staff contracts	\$11,000	\$11,000	N
Donor data profiling and analysis	Information Technology Consulting	Research and analysis to support donor acquisition campaign	1/7/18 to 30/6/19	A list of viable campaign donors to support Monash Health to effectively support the Monash Health Foundation	\$10,000	\$10,000	N

b) Please outline the Department's/Agencies in house skills/capabilities/expertise to conduct reviews/studies/evaluations/data analysis of the programs and services for which the Department /Agency is responsible.

In relation to internal audits, Monash Health contracts internal audit services to Ernst & Young to undertake internal audit activities in line with an agreed annual plan approved by the Monash Health Board.
 Monash Health seeks external specialist capability to complete reviews and evaluations where a level of independence is sought, internal capability does not exist and where critical timelines are required.

Question 23 (all departments and entities) Annual reports – performance measure targets and objective indicators

a) Please provide the following information on performance measures that did not meet their 2017-18 and 2018-19 targets

2017-18 Response

Performance measure	2017-18 target (Budget)	2017-18 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
Victorian Healthcare Experience Survey - Percentage of positive patient experience responses Quarter2	>=95%	89.6%	-5.40%	Over the past three years our patient experience has improved; particularly in clinical areas such as Maternity services. Cranbourne and Moorabbin sites have reported our most positive patient experience results. Monash Health has more work to do across our adult emergency departments and inpatient settings. To address this, we are implementing our Patient Experience Strategy, targeting our identified high risk areas including: 1) Food, 2) Cleanliness, 3) Discharge Processes, 4) Emergency Departments and 5) Ward Processes. Ageing infrastructure and high demand has put pressure on delivering these initiatives.	Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive patient experience responses Quarter3	>=95%	85.6%	-9.40%		Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive responses to questions on discharge care Quarter1	>= 75%	70.4%	-4.60%		Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive responses to questions on discharge care Quarter2	>= 75%	72.3%	-2.70%		Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive responses to questions on discharge care Quarter3	>= 75%	68.5%	-6.50%		Minister for Health
Victorian Healthcare Experience Survey - Patients perception of cleanliness Quarter1	>= 70%	59.2%	-10.80%		Minister for Health
Victorian Healthcare Experience Survey - Patients perception of cleanliness Quarter2	>= 70%	59.8%	-10.20%		Minister for Health
Victorian Healthcare Experience Survey - Patients perception of cleanliness Quarter3	>= 70%	58.0%	-12.00%		Minister for Health
Number of patients with surgical site infection	No outliers	Not Achieved	Not Achieved		For the duration of the 2017-2018 financial year there were deep infections reported which related Cardiac surgery, Colorectal surgery, Orthopaedic Surgery and a caesarean section. All units completed reviews of the individual cases and developed an action plan to respond to identified issues.

				Infections are continually monitored with ongoing updates provided to Monash Health Executive, Board Quality and the Board of Directors.	
ICU CLABSI (central line-associated blood stream infection) per 1000 line days- Clayton	Nil	0.70	-0.70	CLABSIs were reported in the Adult Intensive Care Unit and the Neonatal Intensive Care Unit. The information is shared within their local and program governance groups. Both areas reviewed each case that occurred with specific projects completed in response. The infections were spread throughout the year with no single key issue identified. Focus on Hand Hygiene and aseptic technique training was conducted in both areas.	Minister for Health
Number of sentinel events	Nil	10	-10	Our objective is to encourage reporting of sentinel events through MONITOR, to enable Monash Health to undertake analysis and take action to prevent future incidences.	Minister for Health
Mortality– number of deaths in low mortality DRGs2	Nil	0.02%	-0.02%	Reporting for this metric ceased in July 2018. The Department of Health and Human Services no longer required health services to report on this measure as it was not considered a reliable indicator of clinical performance.	Minister for Health
Rate of seclusion events relating to a child and adolescent acute admission	<=15 per 1000	16.1	-1.1	The rate of seclusion was due to a small number of very complex clinical circumstances. Efforts were undertaken to find alternative ways of managing these incidents, and in 2018/19 the rate of seclusion in the adolescent mental health had reduced to 7.2.	Minister for Mental Health
Emergency - Casey Hospital					
Percentage of ambulance patients transferred within 40 minutes	>=90%	76.0%	-14.00%	The south-east growth corridor has observed significant population growth in recent years. There was an observed increase in emergency department presentations (3.5%) and acuity (Category 1-3%) compared with 2016/17. Additionally, there was 10.1% growth in mental health emergency department presentations at this site. Limited inpatient mental health capacity and absence of high acuity services at this site resulted in high cubicle occupancy	Minister for Health
Percentage of Triage Categories 1-5 emergency patients seen within clinical recommended times	>=80%	64.2%	-15.80%		Minister for Health
Percentage of emergency patients with length of stay less than 4 hours	>=81%	70.8%	-10.20%		Minister for Health
Number of patients with a length of stay in the emergency department greater than 24 hours	0	2	-2		Minister for Health

				for those waiting off-site transfer. On average, there were 10 transfers to another Monash Health site from Casey Hospital per day across 2017/18. This significantly impacted access performance.	
Emergency - Monash Medical Centre					
Percentage of ambulance patients transferred within 40 minutes	>=90%	72.0%	-18.00%	The Monash Children's Hospital was commissioned in April 2017. Whilst growth in adult presentations 2016/17 to 2017/18 was 1.1%, paediatric and mental health presentations grew 8.8% and 16% respectively year-on-year placing significant demand on this site. There was an overall increase in acuity of 7.1% (Category 1-3 patients); there was no growth in adult or paediatric emergency department capacity. Inpatient bed demand at this site also grew with minimal growth in inpatient beds creating access block at this site.	Minister for Health
Percentage of Triage Categories 1-5 emergency patients seen within clinical recommended times	>=80%	60.0%	-20.00%		Minister for Health
Percentage of emergency patients with length of stay less than 4 hours	>=81%	58.1%	-22.90%		Minister for Health
Number of patients with a length of stay in the emergency department greater than 24 hours	0	5	-5		Minister for Health
Emergency - Dandenong Hospital					
Percentage of ambulance patients transferred within 40 minutes	>=90%	72.5%	-17.50%	There was 4.5% growth in mental health presentations, with no increase in mental health inpatient bed capacity, resulting in multiple 24-hour breaches in 2017/18. Dandenong Hospital has a fixed bed capacity with no opportunities for growth without significant infrastructure upgrades. Multiple high volume / high complexity surgical specialities operate out of the Dandenong Hospital site resulting in high elective and emergency surgery bed demand at this site creating even greater inpatient bed demand pressures at this site.	Minister for Health
Percentage of Triage Categories 1-5 emergency patients seen within clinical recommended times	>=80%	67.6%	-12.40%		Minister for Health
Percentage of emergency patients with length of stay less than 4 hours	>=81%	64.2%	-16.80%		Minister for Health
Number of patients with a length of stay in the emergency department greater than 24 hours	0	7	-7		Minister for Health
Elective Surgery					
Percentage of urgency category 1, 2 and 3 elective patients admitted within clinically recommended timeframes	>=94%	86.4%	-7.60%	Competing emergency / elective access pressure, particularly at Monash Medical Centre Clayton and Dandenong Hospital consistently impacted Monash Health's ability to meet its stated elective surgery targets. An internal elective surgery wait list target was set at <5900 and achieved through consultation with the Department of Health and Human Services.	Minister for Health
% patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	<=5%	11.5%	6.50%		Minister for Health
Number of patients on the elective surgery waiting list (end of June 2018)	<=5,050	5,859	809		Minister for Health

				<p>Monash Health observed a 5.6% increase in additions to the elective surgery wait list and a 2% increase in admissions in 2017/18 compared with 2016/17.</p> <p>A targeted improvement program within the surgery and interventional services program commenced in 2017/18. Improvements were observed for patients waiting longer than clinically recommended time. There was a 65% reduction in long waits observed from 2016/17 (n = 517) to 2017/18 (n= 177). Similarly, data quality improvements enhanced compliance with the Elective Surgery Information System and visibility of true demand for elective surgical services at Monash Health. This negatively impacted Monash Health's end of year elective surgery wait list performance.</p>	
Specialist Clinics					
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	50.3%	-49.70%	<p>Monash Health provided over 461,000 appointments and received greater than 4,100 referrals each week across the 2017/18 financial year. Improvement initiatives (commencing December 2016) focussed on four domains: Data and Analytics, Referral Management, Clinic Capacity and Demand and Telehealth. Improvements in data quality resulted in transparency in referral processing times, and visibility of the number of patients waiting for appointments and number of patient referrals on waiting lists. These outcomes, combined with existing capacity and demand challenges across specialist consulting clinics, resulted in key performance indicator deterioration in 2017/18 compared with 2016/17.</p>	Minister for Health
Finance					
Public & private WIES 3 performance to target	100%	95.4%	-4.60%	Key impact of changes to coding rules on 44 codes	Minister for Health
Adjusted Current asset ratio	>=0.7	0.5	-0.2	CAR driven by high level of employee liabilities	Minister for Health
Number of days with available cash	>=14 days	11 days	-3	High levels of tied foundation cash reserves and restricted special purpose funds resulted in lower available cash days.	Minister for Health

2018-19 Response

Performance measure	2018-19 target (Budget)	2018-19 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
Healthcare worker immunisation	>=80%	76.0%	-7.90%	In 2018, the delivery of vaccines by April provided the capacity to launch the influenza vaccination campaign from 16th April. A shortage of supplies of vaccine that occurred from mid-May until mid-August 2018 significantly impacted this important work. This was Australia wide. Despite a larger number of staff vaccinated in 2018 compared to 2017 (11,852 vs 11353). The denominator of staff also increased (15,679 vs 14570) in 2018 compared with 2017. In 2019 vaccine supply had improved and the declaration form worked well and we were above target at 84%.	Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive patient experience responses Quarter 1	>=95%	87.1%	-4.30%	Over the past three years our patient experience has improved; particularly in clinical areas such as Maternity services. Cranbourne and Moorabbin sites have reported our most positive patient experience results. Monash Health has more work to do across our adult emergency departments and inpatient settings. To address this, we are implementing our Patient Experience Strategy, targeting our identified high risk areas including: 1) Food, 2) Cleanliness, 3) Discharge Processes, 4) Emergency Departments and 5) Ward Processes. Ageing infrastructure and high demand has put pressure on delivering these initiatives.	Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive patient experience responses Quarter 2	>=95%	90.7%	-9.30%		Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive patient experience responses Quarter 3	>=95%	85.7%	-9.70%		Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive responses to questions on discharge care Quarter 1	>= 75%	65.3%	-3.30%		Minister for Health
Victorian Healthcare Experience Survey - Percentage of positive responses to questions on discharge care Quarter 2	>= 75%	71.7%	-3.70%		
Victorian Healthcare Experience Survey - Percentage of positive responses to questions on discharge care Quarter 3	>= 75%	71.3%	-15.00%		
Victorian Healthcare Experience Survey – Patients’ perception of cleanliness Quarter 1	>= 70%	55.0%	-1.30%		
Victorian Healthcare Experience Survey – Patients’ perception of cleanliness Quarter 2	>= 70%	68.7%	-6.00%		

Performance measure	2018-19 target (Budget)	2018-19 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
Victorian Healthcare Experience Survey – Patients' perception of cleanliness Quarter 3	>= 70%	64.0%	-7.90%		
Number of patients with surgical site infection	No outliers	Not met		Improvement work across our Colorectal unit and Orthopaedic units has led to a reduction from the prior year, however targets were not met and improvement work continues.	
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil	Dandenong Hospital: 2.6 Monash Medical Centre: 0.3		A work program has begun to reduce the incidence of CLABSIs across our adult intensive care units at Monash Health. Work previously undertaken through the PICS Lines Project (paediatric project) is being rolled out to all Monash Health Adult Intensive Care Services. Medical credentialing and standardisation of insertion and management practices is being monitored by our SMCCC Quality and Safety Committee and Infection Prevention Committee.	Minister for Health
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%	Dandenong Hospital: 16%	-2%	The readmission rate for mental health patients at Dandenong Hospital was 16% in 2018/19, above the target high of 14%. Readmission rate in mental health at Monash, as for all mental health services in Victoria, hovers around the 14% mark. This reflects the nature of mental health and drug & alcohol conditions and available community services and support. Monash reviews all readmissions to ascertain whether there was anything that could have been done to avert it. Frequently it is related to homelessness, drug & alcohol use or social breakdown.	Minister for Mental Health
Severe fetal growth restriction born at 40 or more weeks gestation (FGR rate) - Dandenong Hospital	<=28.6%	31.1%	-2.5%	All cases are reviewed at the Maternity and Perinatal Mortality and Morbidity (MPMM). The absolute numbers of babies are very small. At Dandenong, this data represents only ten small for gestational age (SGA) babies born after 40	Minister for Health

Performance measure	2018-19 target (Budget)	2018-19 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
				<p>weeks gestation, out of a total of 28 gestational age babies. This indicator does not imply morbidity, or whether the baby was known by staff to be small and undergoing close surveillance, or whether the mother declined earlier birth. This indicator represents weight at birth after 40 weeks only, which is a risk factor for stillbirth.</p> <p>Issues identified by Maternity and Perinatal Mortality and Morbidity for Dandenong patients are inability to attend Monash Medical Centre Fetal Surveillance Unit once a baby is identified as small, not participating in antenatal care or presenting very late, and declining induction of labour when a small baby is diagnosed due to cultural reasons. A dedicated fetal surveillance unit commenced at Dandenong on 1 October 2018 and will continue to expand in 2020. This service ensures women are able to be cared for close to home. The indicator unfairly penalises Dandenong however, for correctly identifying the very small fetus that requires delivery at Monash Medical Centre with Neonatal Intensive Care Unit facilities, as this baby is now removed from the Dandenong denominator and added to Monash Medical Centre.</p>	
Emergency - Casey Hospital					
Percentage of ambulance patients transferred within 40 minutes	>=90%	70.3%	-19.70%	Casey Hospital access performance deteriorated in 2018/19. Presentations grew (2.5%) with higher acuity (4.5%); similarly, mental health presentations were 5.8% higher year-on-year with minimal growth in acute inpatient mental health bed capacity across the health service. Patients requiring transfer off-site for higher acuity care and mental health admissions unable to be admitted locally occupied a high number of cubicles, creating significant local department access challenges; There were 110 emergency	Minister for Health
Percentage of Triage Categories 1-5 emergency patients seen within clinical recommended times	>=80%	57.3%	-22.70%		Minister for Health
Percentage of emergency patients with length of stay less than 4 hours	>=81%	63.8%	-17.20%		Minister for Health
Number of patients with a length of stay in the emergency department greater than 24 hours	0	110	-110		Minister for Health

Performance measure	2018-19 target (Budget)	2018-19 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
				department 24-hour breaches at Casey Hospital in 2018/19. Other confounding factors included temporary closure of six Short Stay cubicles in the Emergency Department as a result of the Casey Hospital expansion.	
Emergency - Dandenong Hospital					
Percentage of ambulance patients transferred within 40 minutes	>=90%	69.5%	-20.50%	Record presentations, mental health demand (7.1% growth in presentations) and ongoing inpatient access block due to capacity constraints at this site, resulted in further deterioration in performance culminating in 87 mental health 24 hour breaches at this site. Improvement initiatives to optimise the delivery of timely, quality care are ongoing across our three emergency departments.	Minister for Health
Percentage of Triage Categories 1-5 emergency patients seen within clinical recommended times	>=80%	60.6%	-19.40%		Minister for Health
Percentage of emergency patients with length of stay less than 4 hours	>=81%	56.4%	-24.60%		Minister for Health
Number of patients with a length of stay in the emergency department greater than 24 hours	0	87	-87		Minister for Health
Emergency - Monash Medical Centre					
Percentage of ambulance patients transferred within 40 minutes	>=90%	69.0%	-21.00%	Monash Medical Centre Clayton had record adult and paediatric presentations in 2018/19. Sustained growth (3.3%) and acuity (1.6%) combined with significant mental health demand (14.1% growth) resulted in high average cubicle occupancy at this site for patients waiting assessment / admission. As a result, there were 102 24 hour mental health breaches at the Clayton site. Targeted improvement initiatives (late 2018) to improve access performance across the health service were neutralised with the early onset of winter-type emergency department presentations in 2019.	Minister for Health
Percentage of Triage Categories 1-5 emergency patients seen within clinical recommended times	>=80%	57.2%	-22.80%		Minister for Health
Percentage of emergency patients with length of stay less than 4 hours	>=81%	58.2%	-22.80%		Minister for Health
Number of patients with a length of stay in the emergency department greater than 24 hours	0	102	-102		Minister for Health
Elective Surgery					
Percentage of Urgency Category 1, 2 and 3 elective patients admitted within clinically recommended timeframes	>=94%	85.9%	-8.10%	Monash Health met an internal Elective Surgery Wait List target of 6,500 in consultation with the Department of Health and Human Services. Elective Surgery performance was impacted by high emergency inpatient bed demand, year-on-year increases in Category One	Minister for Health
Reduce long waiting elective surgery patients	<=5%	12.4%	-7.40%		Minister for Health
Number of patients on the elective surgery waiting list (end of June 2018)	<=5,050	6,251	-1,201		Minister for Health

Performance measure	2018-19 target (Budget)	2018-19 actual (Annual report)	Variance	Explanation	Output(s) and portfolio(s) impacted
				<p>elective surgical additions (0.6%) and activity (0.7%) and scheduling changes associated with unplanned delays to the commissioning of the new Casey Hospital theatre complex and training of our clinical workforce in preparation for the Electronic Medical Record implementation.</p> <p>Despite the percentage of patients waiting longer than clinically recommended time increasing (11.5% to 12.4%), the average wait time reduced by 28 days to 138 days per patient.</p> <p>During the 2018/19 period, Monash Health commenced public in private partnerships with external providers to increase our elective surgery wait list activity. This activity continues into the 2019/20 financial year.</p>	
Specialist clinics					
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	56.3%	-43.70%	Initiatives to improve referral management processes, including e-referral (electronic triage system) and telehealth implementation, publication of referral guidelines, ongoing data and analytics refinement and capacity management / space utilisation improvements saw Urgent referral performance across Monash Health increase by 6% (from 50.3% to 56.3%).	Minister for Health
Finance					
Operating Result (\$m)	\$0.00	-10.7	-10.7	Operating result better than forecast and in line with "best endeavours" undertaking.	Minister for Health
Adjusted Current Asset Ratio	>=0.7	0.59	-11	From higher levels of current employee benefit liabilities	Minister for Health
Number of days with available cash	>=14 days	10 days	-4	Number of days with available cash is lower than targeted 14 days due mainly to operating deficits in FY18 and FY19	Minister for Health

b) Please provide the following information for objective indicators where data was not available at publication of the annual report

2017-18 Response

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2017-18 and relevant date (ie. 95 through January 2018)	Explanation for the absence of data in annual report
N/A all data was available and has been inputted		

2018-19 Response

Objective indicators stated in annual report for which data was not available at date of publication	Best available data for 2018-19 and relevant date (ie. 95 through January 2019)	Explanation for lack of timely data in annual report	Action taken to ensure timely data for 2019-20 annual report
N/A all data was available and has been inputted			

Question 24 (all departments and entities) Challenges experienced by department/agency

Please list a minimum of five main challenges faced by the department/agency in 2017-18 and 2018-19.

A significant challenge may be any matter or strategy that impacted the department/agency, whether it arose externally or internally or as a result of new policy or legislation.

2017-18 Response

	Challenge experienced	Internal/ External	Causes of the challenge
1.	Growing demand in surgery, obstetrics, and community based services		High population growth, with complex health care needs across south eastern growth corridor of Melbourne
2.	Growing demand in mental health services		
3.	Growing demand in emergency departments		
4.	Workforce challenges		There is a national shortage of general and mental health nurses, owing to the higher-than-average age of workers in the profession, increasing and new services, along with difficulties in recruiting. The number of nurses providing mental health care has remained relatively static, with nurses working longer hours.
5.	Ageing and insufficient capital infrastructure to support service needs, including: <ul style="list-style-type: none"> - Ageing engineering infrastructure impacting on clinical service continuity and patient and staff safety and wellbeing - Older engineering infrastructure not supporting innovative patient-focused models of care - Changeable asset management funding which leads inefficient asset management practices and higher whole of lifecycle costs 		<ul style="list-style-type: none"> • Technology changes • New models of care • Growth of demand and patient acuity • Availability of capital funding for: <ul style="list-style-type: none"> ○ inpatient beds; ○ modernisation of facilities; and ○ development of specialist clinics and equipment.

2018-19 Response

	Challenge experienced	Internal/ External	Causes of the challenge
1.	Growing demand in surgery, obstetrics, and community based services		High population growth, with complex health care needs across south eastern growth corridor of Melbourne
2.	Growing demand in mental health services		
3.	Growing demand in emergency departments		
4.	Workforce challenges		There is a national shortage of general and mental health nurses, owing to the higher-than-average age of workers in the profession, increasing and new services, along with difficulties in recruiting. The number of nurses providing mental health care has remained relatively static, with nurses working longer hours.
5.	Ageing and insufficient capital infrastructure to support service needs, including: <ul style="list-style-type: none"> - Ageing aged engineering infrastructure impacting on clinical service continuity and patient and staff safety and wellbeing - Older engineering infrastructure not supporting innovative patient-focused models of care - Changeable asset management funding which leads inefficient asset management practices and higher whole of lifecycle costs 		<ul style="list-style-type: none"> • Technology changes • New models of care • Growth of demand and patient acuity • Availability of capital funding for: <ul style="list-style-type: none"> ○ inpatient beds; ○ modernisation of facilities; and ○ development of specialist clinics and equipment.

Question 25 (all departments) Newly created bodies

Please list all newly created bodies (authorities, offices, commissions, boards and/or councils) created within the department in 2017-18 and 2018-19 and provide the following information:

- Date body created
- Expenditure in relevant financial year
- FTE staff at end of relevant financial year
- purpose/function(s) of the body.

2017-18 response

Name of the body	Date body created	Expenditure in 2017-18	FTE staff	Purpose/function(s) of the body
Not applicable				

2018-19 response

Name of the body	Date body created	Expenditure in 2018-19	FTE staff	Purpose/function(s) of the body
Not applicable				

Section H: Implementation of previous recommendations

Question 26 (relevant departments only)

Please provide an update on the status of the implementation of each of the below recommendations that were made by the Committee in its *Report on the 2016-17 Financial and Performance Outcomes* and supported by the Government. Please delete those lines that are not relevant to the department.

Department	Recommendation supported by Government	Actions taken at 20 September 2018	Update on status of implementation
DTF	RECOMMENDATION 1: Due to the historic volatility of the net result for the public financial corporations sector and its significant variance from budget estimates, future Annual Financial Reports contain a specific explanation for growth from the previous year and variance from original estimates. These explanations should separate the operating result and other economic flows, and discuss any relevant macroeconomic factors in more detail.	Future Annual Financial Reports will include an explanation of the key drivers of the net result for the public financial corporations sector. This will include comments on the operating result and other economic flows separately. In this respect, it is worth noting that other economic flows are largely attributable to the impact that movements in bond yields have on the valuation of liabilities of the Treasury Corporation of Victoria (TCV) and the State's insurance agencies. In particular, of the \$6.2 billion of other economic flows that were reported in the 2016-17 Annual Financial Report for the PFC sector, over half related to a gain that arose due to the impact that a fall in bond yields had on the value of these agencies' liabilities.	Not applicable
DTF	RECOMMENDATION 2: When estimates of the net result for the public financial corporations sector	Future budget papers will include an explanation of variations to the	Not applicable

	<p>are altered by more than \$1 billion in any direction in a budget update or a subsequent set of budget papers, a detailed explanation be provided of the updated estimate, including reasons why the estimate has changed.</p>	<p>estimated net result for the public financial corporations sector that exceed \$1 billion. Please note that variations of this order are not unexpected as the liabilities of this sector can vary significantly as a result of movements in the bond yields that underlie their valuation.</p>	
<p>DTF/DHHS/ DPC</p>	<p>RECOMMENDATION 4: Targets and metrics developed for gender equality are developed that include:</p> <ul style="list-style-type: none"> (a) measuring the impact of the overall Budget on women and girls aged over 12 (b) performance measures tracking achievements and progress at the departmental level, reported upon annually 	<p>The Government has commenced the introduction of Gender Equality Budget Statements, starting with the inaugural 2017-18 Gender Equality Budget Statement. All future budgets will be required to identify specific budget impacts on Gender Equality.</p> <p>The Victorian Government has developed a draft Outcomes Framework to measure progress towards our vision for gender equality in Victoria. The draft Outcomes Framework includes preliminary outcome indicators and potential targets, and details how progress against Safe and Strong: A Victorian Gender Equality Strategy will be measured and reported. Critically, the Outcomes Framework will provide the Victorian Government with both quantitative and qualitative data to promote accountability, inform decision-making, and facilitate organisational learning and continuous improvement. Reports against the Outcomes Framework will form the</p>	<p>Not applicable</p>

	<p>(c) targets for greater gender equality in the public sector, including recruitment and the procurement of gender-responsive suppliers and contractors.</p>	<p>basis for annual reporting on progress towards gender equality targets.</p> <p>The Department of Health and Human Services has established the Gender Equality Deputy Secretaries Group working across all Victorian Public Service agencies to drive actions within their own departments and the public sector more broadly. The Office of Prevention and Women's Equality will commence reporting on progress with gender equality initiatives from July 2018 through the Gender Equality Deputy Secretaries Group to the Victorian Secretaries Board. The Department of Health and Human Services has also been working with the Department of Treasury and Finance to evaluate the social and economic impact of gender equality in our policies, service delivery and budgets.</p> <p>Significant progress has been made to implement Safe and Strong: A Victorian Gender Equality Strategy within the public sector including meeting and then exceeding the Premier's Women on Boards commitment. Since setting this target in March 2015, the representation of women on paid boards has increased from 39% to 53% as of 28 March 2018.</p>	
<p>DHHS</p>	<p>RECOMMENDATION 10: Where unplanned/unexpected re-admissions targets are</p>	<p>Results below target occur when the number of avoidable readmissions</p>	<p>Not applicable</p>

	<p>exceeded by more than five per cent, or lower than five per cent the Department of Health and Human Services provide reasons for the result in its annual report.</p>	<p>varies significantly from that expected. Readmissions can be reduced through effective discharge planning that ensures appropriate physical and social supports are available to the patients. Often patients will return to hospital due to pain, infection or concern that recovery is not progressing as expected. A good discharge plan will address these factors pre-emptively through incorporating a suitable level of rehabilitation, a pain management plan and scheduled review appointments.</p> <p>In 2018-19, Safer Care Victoria will commence further work with health services to identify the causes underlying unplanned readmissions of hip replacement surgery patients and will expect health services to develop improvements to reduce this rate as part of their work plans. This process will give the Department of Health and Human Services a level of information that was not previously available to it.</p> <p>Safer Care Victoria has recently started a state-wide improvement program, led by the Victorian Paediatric Clinical Network, to reduce variation in tonsillitis care overall and will include consideration of unplanned readmission.</p>	
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		<p>Safer Care Victoria will work with the department to improve the level of detail that accompanies performance outcome reporting in the annual report.</p>	
DHHS	<p>The Department of Health and Human Services:</p> <p>(a) disclose in its annual report information showing trends in elective surgery waiting times for particular specialities that show a significant improvement or deterioration</p> <p>(b) explore the option of expanding the indicator on chronic disease risk factors beyond smoking.</p>	<p>Data analysis by specialty has commenced that will inform the selection of potential specialties to be part of a reporting set. These will then be tested with Safer Care Victoria, consumers and health service executives to ensure they are operationally and clinically meaningful representations of waiting time.</p> <p>The Department of Health and Human Services will explore the option to expand indicators on chronic disease risk factors (e.g. overweight and obesity, fruit and vegetable consumption, and physical activity) in budget performance measures to facilitate trend analysis and allow comparisons to benchmarks. The department notes there can be a significant lag time between the Victorian Public Health Survey (which surveys these risk factors across the Victorian community) and the availability of data on these indicators.</p>	Not applicable
DET	<p>RECOMMENDATION 13: The Department of Education and Training explain in its annual report the rationale for not reporting against all of the indicators set out in the Budget.</p>	<p>DET supports inclusion of this information and, where data is unavailable at the time of submission of the Annual Report, DET will provide the most recent available data and include a footnote explaining the rationale for not including this information.</p>	Not applicable

		DET notes that data for the measure 'Children who have no general developmental issues on entry to prep' was reported on pages 21 and 22 of the 2016-17 DET Annual Report, and that data for the measure 'VET participation by learners facing barriers' was not available at the time of submission of the Annual Report.	
DET	RECOMMENDATION 17: To assist interested parties assess actual performance against targeted activity, if final figures for the current reporting year are not available in time for report publication, the Department of Education and Training disclose in its annual report how this data relating to the Early Childhood Development output can be accessed and the latest date that the data will become publicly available.	Where Early Childhood data is unavailable in the future, DET will provide the most recent available data and include a footnote explaining the rationale for non-inclusion. A web link to the most up-to-date published data will also be included on the DET website. Updated data will be published in the subsequent DET Annual Report.	Not applicable
DJPR/DOT	RECOMMENDATION 18: Where activities of the Department during a year have an impact on outcomes relevant to the Department's objectives, such as increasing employment opportunities, the Department of Economic Development, Jobs, Transport and Resources' annual report reflect this to enhance its accountability	The Department will continue to investigate opportunities to enhance its accountability through providing additional information on the achievement of outcomes in its annual report.	Not applicable
DELWP	RECOMMENDATION 27: For the newly established objective 'Reliable, efficient, accessible, safe and sustainable energy services', the Department of Environment, Land, Water and Planning develop a wider suite of indicators to complement the sole indicator that currently relates to only renewables.	Implemented	Not applicable
DELWP	RECOMMENDATION 28: For the objective 'Sustainable and effective local governments', the Department of Environment, Land, Water and	The Department of Environment, Land, Water and Planning supports the recommendation.	Not applicable

	<p>Planning report on a greater suite of quantitative indicators that reflect the work of Local Government Victoria</p>	<p>As part of the department’s annual business planning process, the department continually reviews and assesses its objective indicators and performance measures, for relevance and appropriateness, to ensure the department can appropriately measure its service delivery performance.</p> <p>DELWP will incorporate PAEC’s recommendation as part of its 2019-20 annual business planning process, with full implementation anticipated for 2020-21 reporting.</p>	
DELWP	<p>RECOMMENDATION 29: The Department of Environment, Land, Water and Planning explain in its annual report the basis for the state-wide bushfire risk of 70 per cent or below target and what the target means in lay terms</p>	<p>The Department of Environment, Land, Water and Planning’s approach to bushfire risk assessment is outlined on page 80 of the 2017 DELWP annual report.</p> <p>Further explanation is also provided on page 17 of DELWP’s 2016-20 corporate plan and is also explained in detail in the following Government policy document: Safer Together – a new approach to reducing the risk of bushfire in Victoria.</p> <p>DELWP will provide additional clarifying information in the 2018 DELWP Annual Report on the basis for the state-wide bushfire risk of 70 per cent or below target, and what the target means.</p>	Not applicable
DELWP	<p>RECOMMENDATION 30: Where there is a significant underspend in a year due to a delay</p>	<p>The Department of Environment, Land, Water and Planning supports the</p>	Not applicable

	<p>experienced in a particular program, the Department of Environment, Land, Water and Planning explain the circumstances surrounding the delay in its annual report and remedial action taken, rather than only disclosing the delay</p>	<p>recommendation and agrees to provide further detail and context in its annual report, on programs that have been significantly underspent and delayed.</p>	
<p>DPC</p>	<p>RECOMMENDATION 31: Where significant proportions of output funding are not spent in a year and carried forward to the subsequent year, the Department of Premier and Cabinet outline the underlying reasons for the under-spend in the annual report, together with a discussion on the subsequent impact on the delivery of services and outcomes for that year</p>	<p>Output – Aboriginal Policy, Strengthening Aboriginal Cultural Heritage and Communities – underspend \$7.6 million The underspend is due to delays in several projects, the largest being the First Mortgage on Aboriginal Community - Community Infrastructure Program (FMCIP) and redevelopment of the Sir Douglas Nicholls Oval.</p> <p>The FMCIP experienced delays in the development of the program guidelines as Aboriginal Victoria sought the views of a number of Aboriginal Community Controlled organisations to co-design elements of the guidelines. The Department of Premier and Cabinet (DPC) will meet 2018–19 BP3 targets for the lifting of first mortgages. DPC has released the budgeted \$1 million which supports redeveloping the Sir Douglas Nicholls Oval. Upgrades, repairs and maintenance are currently underway. Other minor project delays were the following:</p> <ul style="list-style-type: none"> • The delay in the delivery of a training program was due to low participant uptake. The impact is that there needs to be a reconsideration of the most 	<p>Not applicable</p>

		<p>appropriate governance model for the Aboriginal community. No program will be delivered during 2018–19 whilst a new approach is developed.</p> <ul style="list-style-type: none"> • Aboriginal Lands Act (ALA) review was delayed due to a change to the management approach. Private contractors were the preferred choice to enable a more rigorous, culturally appropriate and transparent outcome for the community. • Aboriginal Heritage Country Mapping has commenced. The evaluation and scoping process resulted in release of funding for the Pilot Project and on agreed project milestones, however 20 per cent of the project will fall into 2018–19. • Ancestral Remains Database (ARD) currently does not have the required functionality and requires an internal gap analysis to determine needs. It is expected that this project will proceed in 2018–19. <p>Output – Support to Veterans in Victoria – underspend \$0.9 million The underspend related to phasing of payments and delays in meeting funding milestones with some ANZAC Centenary</p>	
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		<p>projects and with the Victoria Remembers grant program. These did not have a negative impact on program and outcome delivery.</p> <p>Output – Public Sector ICT and Digital Government – underspend \$14.7 million The 2016–17 actual is less than the target mainly due to unspent funding relating to a grant received from the Department of Economic Development, Jobs, Transport and Resources which was received and used for future operational requirements.</p>	
DTF	<p>RECOMMENDATION 33: To provide clearer performance-related connections in the Department’s annual report, the Department of Treasury and Finance link its objectives and performance indicators with its outputs to be delivered as part of the budget process.</p>	<p>Clearer links between objectives, objective indicators, outputs and performance measures were introduced in the 2017-18 Budget and will be reported against in the 2017-18 Annual Report.</p>	Not applicable
DTF	<p>RECOMMENDATION 35: The Department of Treasury and Finance include comprehensive information in its annual report of the outcomes achieved in relation to the indicator ‘Ensure high-value high-risk Government projects are completed within agreed timeframes and scope’.</p>	<p>The objective indicator “Ensure high-value high-risk Government projects are completed within agreed timeframes and scope through ensuring adherence to standards” was superseded by “percentage of Government projects completed within agreed budgets, timeframes and scope or evidenced by timely and appropriate remedial actions where necessary” in 2017-18. This indicator was amended to reflect a more measurable outcomes focus, in accordance with DTF's Whole of Victorian Government Performance Management Framework. DTF will</p>	Not applicable

		provide information in its 2017-18 Annual Report of the outcomes achieved in relation to the revised indicator.	
DTF	<p>RECOMMENDATION 36: The Department of Treasury and Finance disclose whether their key clients consider high quality, timely and relevant advice has been provided on:</p> <ul style="list-style-type: none"> (a) economic policy, forecasts, legislation and frameworks (b) asset management, the delivery of infrastructure, management of government land, borrowings, investments, insurance, superannuation issues and prudential supervision in its annual report 	DTF supports this recommendation and will include further detail in its 2018-19 Annual Report.	Not applicable

Section I: Department of Treasury and Finance only

Question 27 (DTF only) Revenue certification

The Resource Management Framework outlines that on receipt of a revenue certification invoice, DTF assesses actual departmental output performance against agreed performance measures based on output delivery. In the event that assessment at output level may be deemed inappropriate, DTF and the department may agree on alternative, suitable and appropriate performance information that could be used as the basis for revenue certification.⁵

Please detail all outputs which DTF assessed as not having met their measures for 2017-18 and 2018-19, indicating for each:

- a) the relevant Department, output and portfolio
- b) the performance measure(s) not met
- c) the reasons provided by the Department for the performance measure(s) not being met
- d) the amount of the initial invoice
- e) the amount of revenue certified
- f) the evidence base used for the revenue certification.

2017-18 Response

Department	Output(s) and portfolio(s)	Performance measure(s) not met	Reason for not meeting the measure(s)	Initial invoice (\$ million)	Revenue certified (\$ million)	Evidence used for approving the invoice or not approving the invoice
	Not applicable					

2018-19 Response

Department	Output(s) and portfolio(s)	Performance measure(s) not met	Reason for not meeting the measure(s)	Initial invoice (\$ million)	Revenue certified (\$ million)	Evidence used for approving the invoice or not approving the invoice
	Not applicable					

⁵ Resource Management Framework, pg. 93

Question 28 (DTF only) Net cash flows from investments in financial assets for policy purposes – General Government Sector (GGS)

Financial assets include cash, investments, loans and placements. This question seeks to ascertain the variance behind the estimated value of the financial assets held versus the actual value of the financial assets and the projects that contributed to the variance.

Regarding the ‘net cash flows from investments in financial assets for policy purposes’ in the GGS cash flow statement for 2017-18 and 2018-19, please provide:

- a) the top five projects that contributed to the variance recorded in each year
- b) the initial budget estimate (not the revised estimate) for net cash flow in 2017-18 and 2018-19 (source: 2017-18 BP 5, pg. 10 and 2018-19 BP 5, pg. 10) and the actual net cash flow in 2017-18 and 2018-19 (source: 2017-18 Financial Report, pg. 31 and 2018-19 Financial Report, pg. 31)
- c) an explanation for variances between budget estimate and actual net cash flow.

2017-18 Response

	Project name	Department	Output(s) and portfolio(s)	Estimated net cash flow in 2017-18	Actual net cash flow in 2017-18	Variance explanation
1.	Not applicable					
2.						
3.						
4.						
	Other					
	Total net cash flow					

2018-19 Response

	Project name	Department	Output(s) and portfolio(s)	Estimated net cash flow in 2018-19	Actual net cash flow in 2019-20	Variance explanation
1.	Not applicable					
2.						
3.						
4.						
5.						
	Other					
	Total net cash flow					

Question 29 (DTF only) Purchases of non-financial assets – General Government Sector (GGS)

Regarding the ‘purchases of non-financial assets’ by the GGS in 2017-18 and 2018-19 (source: 2017-18 BP 5, pg. 31 and 2018-19 BP 5, pg. 31), please compare the initial budget estimate for each department to the actual value of ‘purchases of non-financial assets’ (source: 2017-18 Financial Report, pg. 45 and 2018-19 Financial Report, pg. 31) for each department, explaining any variances equal to or greater than ±10% or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio.

2017-18 Response

By department	Types of non-financial assets	Initial budget estimate 2017-18 \$ million	Actual 2017-18 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services						
Department of Economic Development, Jobs, Transport and Resources						
Department of Education and Training						
Department of Justice and Regulation						
Department of Environment, Land, Water and Planning						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Treasury and Finance						
Department of Parliamentary Services						

2018-19 Response

By department	Types of non-financial assets	Initial budget estimate 2018-19 \$ million	Actual 2018-19 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services						
Department of Transport						
Department of Justice and Community Safety						
Department of Education and Training						
Department of Jobs, Precincts and Regions						
Department of Environment, Land, Water and Planning						
Court Services Victoria						
Department of Premier and Cabinet						
Department of Treasury and Finance						
Department of Parliamentary Services						

Question 30 (DTF only) Revenue initiatives

Regarding the revenue initiatives announced in the 2017-18 and 2018-19 Budgets, please provide an explanation for the variances equal to or greater than $\pm 10\%$ or \$100 million between budget estimates and the actual results.

2017-18 Response

Initiative	2017-18 budget estimate (\$ million)	2017-18 actual (\$ million)	Explanation for any variance $\pm 10\%$ or \$100 million
Not applicable			

2018-19 Response

Initiative	2018-19 budget estimate (\$ million)	2018-19 actual (\$ million)	Explanation for any variance $\pm 10\%$ or \$100 million
Not applicable			

Question 31 (DTF only) Expenses by departments – General Government Sector (GGS)

Regarding expenses of the GGS in 2017-18 and 2018-19 (source: 2017-18 BP 5, pg. 30 and 2018-19 BP 5, pg. 30), please compare the initial budget estimates (not the revised estimate) for each department to the actual expenses for each department (source: 2017-18 Financial Report, pg. 45 and 2018-19 Financial Report, pg. 45), explaining any variances equal to or greater than ±10% or \$100 million (please fill all blank spaces) and then link it to the relevant output and portfolio.

2017-18 Response

By department	Initial budget estimate 2017-18 \$ million	Actual 2017-18 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services					
Department of Economic Development, Jobs, Transport and Resources					
Department of Education and Training					
Department of Justice and Regulation					
Department of Environment, Land, Water and Planning					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Treasury and Finance					
Department of Parliamentary Services					

2018-19 Response

By department	Initial budget estimate 2018-19 \$ million	Actual 2018-19 \$ million	Variance (%)	Variance explanation	Relevant Output(s) and portfolio(s)
Department of Health and Human Services					
Department of Education and Training					
Department of Transport					
Department of Justice and Community Safety					
Department of Environment, Land, Water and Planning					
Department of Jobs, Precincts and Regions					
Court Services Victoria					
Department of Premier and Cabinet					
Department of Treasury and Finance					
Department of Parliamentary Services					

Question 32 (DTF only) Economic variables

Please indicate the estimated and actual result for the following economic variables. For the estimate, please use the initial estimate used in preparing the 2017-18 and 2018-19 budget papers (not revised estimates). For any variance equal to or greater than ±0.5 percentage points, please provide an explanation for the variance. Please fill all blank spaces.

2017-18 Response

Economic variable	Budget estimate 2017-18	Actual 2017-18 result	Variance	Explanation for variances equal to or greater than ±0.5 percentage points
Real gross state product growth				
Employment growth				
Unemployment rate				
Consumer price index growth				
Wage price index growth				
Population growth				
Interest rates				
Household consumption growth				
Property prices growth				
Property volume				
Employee expenses				
Exchange rate				

2018-19 Response

Economic variable	Budget estimate 2018-19	Actual 2018-19 result	Variance	Explanation for variances equal to or greater than ±0.5 percentage points
Real gross state product growth				
Employment growth				
Unemployment rate				
Consumer price index growth				
Wage price index growth				
Population growth				
Interest rates ^(a)				
Household consumption growth				
Property prices growth				
Property volume				
Employee expenses				
Exchange rate				

Question 33 (DTF only) Resource Management Framework – Funding reviews

Section 6.2 of the Resource Management Framework outlines the funding review policy of the evaluation stage of the Integrated Management Cycle.

Section 6.2 states that ‘the requirements and guidance for doing reviews are currently under review’ and that ‘Departments will be advised when this policy is updated’. Please provide an update of the review and the status of the policy.

Not applicable

Section J: Treasury Corporation of Victoria only

Question 34 Dividends

- a) Please explain the factors that have been involved in the negotiations with the Treasurer, in relation to the amount of dividends paid by the Treasurer Corporation of Victoria (TCV) in 2017-18 and 2018-19.

	Dividends paid in 2017-18	Dividends paid in 2018-19
Amount of dividends paid (\$ million)		
Factors that have been involved in the negotiations with the Treasurer to determine the amount of dividends paid.		

Question 35 Commodity risk management

- a) Please provide details of TCV's Commodity Risk Management Policy

Not applicable

- b) Please explain how this policy influenced the business activities undertaken by TCV in 2017-18 and 2018-19

Not applicable

Question 36 Foreign exchange risk management

a) Please provide details of TCV's Foreign Risk Management Policy

Not applicable

b) Explain how this policy influenced the business activities undertaken by TCV in 2017-18 and 2018-19.

Not applicable

Question 37 Public Private Partnership (PPP) projects

a) Please indicate how many PPP projects (and which ones) TCV provided 'project advisory services' for in 2017-18 and 2018-19. For each project, please also specify if the project is a newly confirmed engagement or if it was for a project that was already underway.

Not applicable

b) Please indicate how many business cases TCV provided (and which clients these were for) as part of its 'project advisory services' in 2017-18 and 2018-19. For each business case, also specify if the project forms part of the Department of Treasury and Finance's Gateway Review Process.

2017-18 Response

Business case provided by TCV	Client	Gateway Review Process – Y/N
Not applicable		

2018-19 Response

Business case provided by TCV	Client	Gateway Review Process – Y/N
Not applicable		

Question 38 Green Bonds

How many TCV Green Bonds were issued in 2017-18 and 2018-19? Please also indicate the maturity and the rate of return.

Not applicable
